

**Application Data Sheet****Application Information**

Application number::

Filing Date:: 4/08/05

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: AUTISM GENE

Attorney Docket Number:: 50304/078001

Request of Early Publication?:: No

Request of Non-Publication?:: No

Suggested Drawing Figure:: 3

Total Drawing Sheets:: 10

Small Entity?:: Yes

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Belgium  
Status:: Full Capacity  
Given Name:: Jean-Pierre  
Family Name:: FRYNS  
City of Residence:: Kessel-Lo *b/w*  
State or Province of Residence::  
Country of Residence:: Belgium  
Street of mailing address:: Kortrijksestraat 170  
City of mailing address:: Kessel-Lo  
State or Province of mailing address::  
Country of mailing address:: Belgium  
Postal or Zip Code of mailing address:: B-3010

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Belgium  
Status:: Full Capacity  
Given Name:: Willem  
Family Name:: VAN DE VEN  
City of Residence:: Leuven *B/w*  
State or Province of Residence::  
Country of Residence:: Belgium

Street of mailing address:: Lei 8A bus 42  
City of mailing address:: Leuven  
State or Province of mailing address::  
Country of mailing address:: Belgium  
Postal or Zip Code of mailing address:: B-3000

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Belgium *3.b*  
Status:: Full Capacity  
Given Name:: Koenraad  
Family Name:: DEVRIENDT  
City of Residence:: Holsbeek *BW*  
State or Province of Residence::  
Country of Residence:: Belgium  
Street of mailing address:: Kerkstraatje 7  
City of mailing address:: Holsbeek  
State or Province of mailing address::  
Country of mailing address:: Belgium  
Postal or Zip Code of mailing address:: B-3220

#### **Correspondence Information**

Correspondence Customer Number:: 21559

#### **Representative Information**

Representative Customer Number:: 21559

**Domestic Priority Information**

		Parent Filing	
Application::	Continuity Type::	Parent Application::	Date::
This Application	National stage of	PCT/B/E2003/000172	10/10/2003

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
GB	0223569.5	10/10/2002	YES
GB	0225566.9	11/04/2002	YES

**Assignee Information**

Assignee name::  
Street of mailing address::  
City of mailing address::  
State or Province of mailing address::  
Country of mailing address::  
Postal or Zip Code of mailing address::